

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Freedom Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00552851		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>04 / 10 / 2018</b>		
Mailing Address <b>PO BOX 1948</b>			Amount <span style="border: 1px solid black; padding: 2px;">146.85</span>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>	Transaction ID : <b>E3A3DC1FF4DF0432C9CD</b>		
Purpose of Expenditure <b>IE-Green-Donation Processing</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>04 / 10 / 2018</b>		
Name of Federal Candidate <b>Green, Mark, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TN</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9319.16</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>04 / 17 / 2018</b>		
Mailing Address <b>PO BOX 1948</b>			Amount <span style="border: 1px solid black; padding: 2px;">7.25</span>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>	Transaction ID : <b>EC867E474D57E4BA295F</b>		
Purpose of Expenditure <b>IE-Green-Donation Processing</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>04 / 17 / 2018</b>		
Name of Federal Candidate <b>Green, Mark, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TN</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9326.41</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">154.10</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>Brown, Megan, , ,</b>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>05 / 11 / 2018</b>	

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Freedom Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00552851       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 24 / 2018</div> </div>		
Mailing Address PO BOX 1948			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">68.90</div>		
City Alexandria	State VA	Zip Code 22313	<b>Transaction ID : ECF9FB4E300054C7687E</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 24 / 2018</div> </div>		
Purpose of Expenditure IE-Green-Donation Processing		Category/ Type	Name of Federal Candidate Green, Mark, , ,		
Name of Federal Candidate Green, Mark, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 01 / 2018</div> </div>		
Mailing Address PO BOX 1948			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">677.50</div>		
City Alexandria	State VA	Zip Code 22313	<b>Transaction ID : EC67A2189A82642869CA</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 01 / 2018</div> </div>		
Purpose of Expenditure IE-Green-Donation Processing		Category/ Type	Name of Federal Candidate Green, Mark, , ,		
Name of Federal Candidate Green, Mark, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">746.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Brown, Megan, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 05 / 11 / 2018

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>House Freedom Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00552851	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Envision Marketing</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 04 / 2018</b>		
Mailing Address <b>148 Graves Mill Rd</b>			Amount <b>7470.87</b>		
City <b>Lynchburg</b>	State <b>VA</b>	Zip Code <b>24502</b>	Transaction ID : <b>E93A30D2044F840EB99B</b>		
Purpose of Expenditure <b>IE-Green-Direct Mail Production</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 08 / 2018</b>		
Name of Federal Candidate <b>Green, Mark, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TN</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>17543.68</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>House Freedom Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 07 / 2018</b>		
Mailing Address <b>PO BOX 1948</b>			Amount <b>15.75</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>	Transaction ID : <b>E951B7D45D9964236B39</b>		
Purpose of Expenditure <b>IE-Green-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 07 / 2018</b>		
Name of Federal Candidate <b>Green, Mark, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TN</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>17559.43</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>7486.62</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Brown, Megan, , ,

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Date

MM / DD / YYYY  
**05 / 11 / 2018**

Signature

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Freedom Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00552851	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Allegiance Direct Llc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 10 / 2018</b>	
Mailing Address <b>15 N. King St. Ste. 205</b>		Amount <b>6756.70</b>	
City <b>Leesburg</b>	State <b>VA</b>	Zip Code <b>20176</b>	Transaction ID : <b>E984FE58F7F574E3CB74</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure <b>IE-Green-Direct Mail Production</b>		Category/Type	
Name of Federal Candidate <b>Green, Mark, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate
District: <b>07</b> State: <b>TN</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<b>24316.13</b>	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate
District: _____ State: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>6756.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>15143.82</b>

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*Brown, Megan, ,**[Electronically Filed]*

Date

MM / DD / YYYY  
**05 / 11 / 2018**

Signature